Approved for use through 7/31/7006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademon unless it displays availed OM8 control number

the state of the s

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875											223
CLAIMS AS FILED - PART I							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
(Const. 1)				Γ	RATE	FEE		RATE	FEE		
FOR NUMBER FILED BASIC FEE			FILED	NUMBER	EXINA	 		5	OR		5
DASIL FEC (37 CFR 1.16(a)) TOYAL CLAMS				ŀ		· <u></u>	or.	x 5 =			
(37 CFR 1.16(c)) minus 20 =			<u> </u>		-	× 3 —					
INDEPENDENT CLAIMS (37 CFR 1.16(b))					1	× 1		OR			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					Į	+3=		OR	+ 5=		
* If the difference in column 1 is loss than zero, enter "0" in column 2.							TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											
12	1774	(Column 1)		(Column 2)	(Column 3)		SMALL E	NTITY	ייט	SMALL	ENTITY
1		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	/	RATE	ADDI- TIONAL FEE
AMENDMENT	Total	AMENDMENT .	Minus	PAID FOR	2		x \$ =	:=_	OR	x 5=	
핡	(JJ CFR 3.16(cl)	- 20	Minus	- 4	-	1	x 5 =	1	OR	x \$ *	
ĬŸ.	(37 CFR 1,16(b))	7				1			OR	+, /	
4	FIRST PRESENTA	TION OF MULTIPLE	DEPENDE	IT CLAND (37 CF	H 1 (0)(1))	1	TOTAL	/	OR	TOTAL	
1917/18 Das & Amet 17-15-75											
L.,		(Column 1)		HIGHEST	(Column 3)	7		ADDI-	7	RATE	ADDI
0		REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT	- -	RATE	"TIONAL"	1		TIONAL FEE
		AMENDMENT		PAID FOR	ļ <u>. </u>	١.		FEE	┨ :_	X \$ =	
N.	Total (37 CFR 1.15(43)	. 13	Minus	07)		4	× s		OR.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	+
AMENDMENT	Independent (37 CFR 1.1600)	4	Minus	4	<u> </u>	4.	x 5 =		OR.	x s ==	
¥	FRST PRESENT	ATION OF MULTIPU	E DEPENDE	NT CLAIM (37 C	FR 1,16(d))		+3=		OR	+ 5 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 107AL ADD'L FEE OR 13 TOTAL OR ADD'L FEE											
		(Column 1)		(Column 2)	(Column 3)			_		T
U		CLAIMS REMARNING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	1	RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
ENT		AMENOMENT	Minus	PAID FOR	 	\dashv	-	1 100	7	x \$=	
Į Ž	Total (3) CFR 1.16(6)		<u> </u>		 	\dashv	x 1 *	┼──	OR	x 3 =	
MENDM	Independent (37 CFR 1,15(b))	<u> </u>	Minus			4	X-5=	 	OR:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1.
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					_]	+1 =		OR	TOTAL.	
					;	•	ADD'L FEE		OR	ADD'L FEE	
	• If the entry in a	column 1 is less th Number Previous		ry in column 2, w IN THIS SPACE IN THIS SPACE							

"If the "Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

The "Highest Mumber Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fite (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments including gathering, preparing, and submitting the completed applications for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

it you need assistance in completing the form, call 1-education 9199 and select option c.